

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

JUL 26 1934

1. PLACE OF DEATH		Registration District No.		File No.
County <u>Oregon</u>				25767
Township <u>King</u>		Primary Registration District No.		Registered No.
City <u>Wilderness</u> (No.)				St. Ward
2. FULL NAME <u>Juan Rosa Simpson</u>				
(a) Residence. No. <u>Wilderness</u> No. <u>no</u> St. <u>no</u> Ward.				
(Usual place of abode)				
(If nonresident give city or town and State)				
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		
<u>Male</u>	<u>White</u>	<u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 3 1934</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>7</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Infant</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Wilderness</u> No. (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>Jake Andrew Simpson</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Oregon</u> Co. (STATE OR COUNTRY) <u>no</u>			
	12. MAIDEN NAME OF MOTHER <u>Lala Irene Shultz</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Cluster</u> Co. (STATE OR COUNTRY) <u>no</u>			
14. INFORMANT <u>Jake Simpson</u> (Address)				
15. FILED 19 REGISTRAR				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>July 10 1934</u>				
17. HEREBY CERTIFY, That I attended deceased from <u>July 9 1934</u> to <u>one week</u> 19 <u>34</u> that I last saw <u>alive</u> on <u>July 9 1934</u> , and that death occurred, on the date stated above, at <u>no</u> m.				
THE CAUSE OF DEATH* WAS AS FOLLOWS:				
<u>Pneumonia</u>				
(duration) yrs. mos. ds.				
CONTRIBUTORY (SECONDARY) <u>Old</u> (duration) yrs. mos. ds.				
18. WHERE WAS DISEASE CONTRACTED				
IF NOT AT PLACE OF DEATH: Did an operation precede death? <u>no</u> DATE OF				
WAS THERE AN AUTOPSY? <u>no</u>				
WHAT TEST CONFIRMED DIAGNOSIS? <u>General Observation</u> (Signed) <u>J.B. Frost</u> M. D. 19 <u>Alton</u> No.				
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)				
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL				
<u>Wilderness</u> No. <u>7/10 1934</u>				
20. UNDERTAKER <u>Family</u> ADDRESS <u>Wilderness</u>				

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**NOTE.**—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Oregon

Registration District No. 636

Township 11th

Primary Registration District No. 5840

City Idaho (No. 1)

File No. 25767

Registered No. 25767

St. Idaho Ward ma

2. FULL NAME

(a) Residence, No. Juan Ross Simpson St. Idaho Ward ma

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 70

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In for  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

13. NAME Jake Andrew Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon

15. MAIDEN NAME Lula Irene Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo

17. INFORMANT (ADDRESS) Jake Simpson

18. BURIAL, CREMATION, OR REMOVAL PLACE Idaho DATE 7/10 1924

19. UNDERTAKER (ADDRESS) Family

20. FILED 3/28 1935 Emile W. Wainwright Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9 1934 to July 9 1934

I last saw him/her alive on July 9 1934 Death is said to have occurred on the date stated above, at ma m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchopneumonia

Other contributory causes of importance: Cold

Name of operation 1070 Date of 1070

What test confirmed diagnosis? 1070 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 1070 Date of injury 1070 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1070 Nature of injury 1070

24. Was disease or injury in any way related to occupation of deceased? If so, specify 1070 (Signed) Y. B. Faust M. D.

(Address) Alton Mo

MAR 26 1993

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# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

MAR 28 1935

## 1. PLACE OF DEATH

County OregonRegistration District No. 634Township WilderPrimary Registration District No. 1840City Wilder

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

Ivan Ross Simpson

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

infant

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 3 1934

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wilder

## FATHER

## 13. NAME

Jane Simpson

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Oregon co mo

## MOTHER

## 15. MAIDEN NAME

Lula Sheltor

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shannon co mo

## 17. INFORMANT (ADDRESS)

J.P. Simpson Wilder mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Wilder mo DATE July 11 1934

## 19. UNDERTAKER (ADDRESS)

Neighbors

## 20. FILED

7/111934Enoch Bailey

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 10 1934

## 22. I HEREBY CERTIFY, That I attended deceased from

July 7<sup>th</sup> 1934, to July 7<sup>th</sup> 1934I last saw him alive on July 7 1934. Death is saidto have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia labor

Date of onset

## Other contributory causes of importance:

## Name of operation

Date of

What test confirmed diagnosis? General Was there an autopsy? no

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

## Manner of injury

## Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

L. B. Hayes

M. D.

(Address)

Alton mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

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(2)